Care Quality Commission

Inspection Evidence Table

Shannon Court Surgery (1-3281735743)

Inspection date: 18 September 2018

Date of data download: 15 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes*
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: *There was some confusion amongst staff on who the safeguarding lead was. Child safeguarding meetings were held every two months.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: On reviewing some of the staff personnel files we found no record of staff immunisation status was recorded, this included two of the nursing team and a long-term locum GP.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 23 July 2018	Yes
There was a record of equipment calibration Date of last calibration: 23 July 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes*
Fire marshals	Yes
Fire risk assessment Date of completion 28 February 2018	Yes
Actions were identified and completed. Fire risk assessment highlighted gaps were found in the fire doors. At the time of the inspection this was still an ongoing issue as discussions were being held on who was responsible for the cost, the practice or the landlords.	
Additional observations: * We found some staff had not completed fire training	

Health and safety Premises/security risk assessment? Date of last assessment: 1 December 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 1 December 2017	Yes
Additional comments: The practice was able to demonstrate that a risk assessment had been completed for each room within the building on moving into the new premises.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The practice was unable to demonstrate that an infection control audit had been completed and we found gaps in the training of staff in infection prevention relevant to their role.	N
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
The practice was unable to demonstrate that a legionella risk assessment had been carried out. We found no evidence that monitoring and control measures included monthly checking and recording of water temperatures was in place.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes

The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes*

Explanation of any answers:

*On speaking with some of the clinical staff they had not received sepsis training but were aware of the symptoms and actions required. The reception staff were unaware of the red flag system associated with identifying sepsis.

The practice had recently employed a practice nurse with minor illness training to support winter pressures and offer more services to patients.

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes*
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Explanation of any answers:

*We found two examples of patients requiring non-urgent referral from August 2018 that had not been actioned.

The practice carried out an audit of referrals daily with the duty doctor reviewing all referrals before confirming referral was appropriate.

The practice manager had worked with other local managers in the locality to ensure the practice were maintaining appropriate levels of security for medical records.

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.15	1.00	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	10.0%	8.2%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes*
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: * On speaking with the reception staff, we asked what the policy was for uncollected prescriptions. We were told that regular checks were completed to ensure that any prescriptions that had not been collected within three months were recorded and the clinical team advised. We found 19 prescriptions that had not been collected outside of the three months date range and the management team advised us that they would be removed after six months, the administration staff appeared to be unaware of this policy.	

Dispensing practices only	**Y/N**
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
Any other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	11
Number of events that required action	11

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Vaccination fridge temperatures out of range, reporting procedures not followed appropriately.	Discussed at clinical meeting for refresher training of staff on the correct reporting procedures to follow.
Incorrect strength of medicine dispensed	The dispensary manager created an online book for all errors to be recorded. The incident was discussed at the dispensary meeting for learning to be shared.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: All alerts were received by the practice manager, who emailed the alerts to the relevant people within the practice. All responses received were saved in an alert folder on the shared drive for all staff to access. The practice was able to demonstrate a clear audit trail of how the alerts were disseminated, recorded and actioned.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.65	0.90	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.6%	78.8%	79.5%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	14.8% (47)	12.9%	12.4%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	65.5%	76.1%	78.1%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	12.3% (39)	11.5%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	78.7%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	9.8% (31)	14.8%	13.3%	

Other long term conditions				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	81.6%	77.1%	76.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.3% (7)	8.3%	7.7%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	89.6%	90.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.5% (4)	13.7%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	87.1%	83.5%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (43)	4.7%	4.0%	

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	89.1%	89.5%	88.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (3)	7.2%	8.2%	

Any additional evidence or comments

The practice ran a diabetes clinic, where care plans were implemented and monitored by a GP and practice nurse regularly.

Families, children and young people

Child Immunisation				
Indicator	**Numerator**	**Denominator**	**Practice %**	**Comparison to WHO target**
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	63	67	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	53	56	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus	56	56	100.0%	Met 95% WHO based target

influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				(significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	54	56	96.4%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	76.8%	74.3%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	75.8%	70.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	57.5%	55.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. **(PHE)**	38.7%	61.6%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.7%	54.9%	51.6%	Comparable with other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	89.6%	90.3%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.1% (2)	15.5%	12.5%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.9%	90.5%	90.7%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0 (0)	13.6%	10.3%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.5%	85.1%	83.7%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.7% (2)	6.7%	6.8%	
Any additional evidence or comments The practice assessed patients at risk of dementia and referred to the memory clinic. Routine blood tests and ECG were completed prior to referral to clinic. Practice prevalence for dementia is 0.9% in comparison to the local average of 0.6%.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	536	539
Overall QOF exception reporting (all domains)	4.5%	5.9%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.6%	94.9%	95.3%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.8% (13)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff had received training to support them in their role when obtaining patients consent to care and treatment in line with legislation and guidance. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision about their care and treatment.

Any additional evidence
The practice held monthly locality meetings with community teams to share information about people at risk. The reception staff had completed signpost training in order to be able to direct patients to local services within the community to support them with their health and wellbeing. This included sexual health, physio and carers support.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comment Cards	• Staff always willing to help, doctor listens. • Staff caring and helpful.
NHS Choices	• The GP and team go above and beyond, all the staff do their best. • Efficient service, GP listen
Patient Participation Group (PPG)	• We spoke with two members of the PPG who told us the practice listen and do what they can to act on suggestions and ideas. They told us the practice was caring, helpful and listen to patients.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6074	251	119	47.4%	1.96%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.2%	88.7%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	87.8%	85.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.7%	95.7%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.1%	82.0%	83.8%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Any additional evidence
The practice told us they reviewed the results of the national patient survey and had improved appointment availability by offering a wider range of appointments with the nursing team.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients who told us they felt listened too and were involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.0%	92.7%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 24 patients as carers, which represented 0.4% of the practice list.
How the practice supports carers	The practice offered carers flu vaccinations. We found no information on display at the practice to support carers and advise them of services or organisations available to support them, however there was a link on the practice website to carers information.
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs to provide advice on how to access support services.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The majority of consulting rooms were situated on the second floor accessed by a lift, with the reception desk on the ground floor. Patients could check in electronically or speak with the reception staff. The reception space was small but there were some chairs available for patients to sit whilst patients were dealt with at the desk and staff were aware of confidentiality and managed it well. Reception staff were able to offer patients a private room if they wanted to discuss sensitive issues or appeared distressed.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	8am to 6pm (Telephone lines were available until 6.30pm)
Tuesday	8am to 6pm (Telephone lines were available until 6.30pm)
Wednesday	8am to 6pm (Telephone lines were available until 6.30pm)
Thursday	8am to 6pm (Telephone lines were available until 6.30pm)
Friday	8am to 6pm (Telephone lines were available until 6.30pm)

Appointments available	
Monday to Friday	GP consulting hours were available between 8am and 5.40pm Monday to Friday. The practice has opted out of providing cover to patients in their out of hours period. During this time, services were provided by NHS 111 service. Patients were able to access services at the local walk in centres from 8am to 6pm Monday to Friday and from 8am to 5pm weekends and bank holidays.
Extended hours opening	
Monday and Friday	7am to 8am The practice website does not display extended hours appointments. The website and practice leaflet hold conflicting information over opening times. We were told on the day of inspection the surgery door closed at 6pm, however the reception was open until 6.30pm to take phone calls. The practice website advises patients the practice is open until 6pm, but the practice leaflet stated the reception is open until 6.30pm.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6074	251	119	47.4%	1.96%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.8%	94.1%	94.8%	Comparable with other practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	88.1%	69.0%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	59.3%	66.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	60.6%	61.4%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	61.7%	71.7%	74.4%	Comparable with other practices
Any additional evidence or comments The practice had increased the number of nursing staff available to support the GPs and offer the patients a range of appointments. Staff explained that this would increase patient satisfaction regarding appointment availability. The practice also offered appointments through the online booking				

Indicator	Practice	CCG average	England average	England comparison
system, telephone consultations and a duty doctor was available to offer advice and support and discuss patients clinical needs if appointments were not available.				

Examples of feedback received from patients:

Source	Feedback
CQC Comment Cards	Two comment cards highlighted difficulties in getting appointments.
NHS Choices	To get an appointment, patients had to book well in advance. Trying to get an appointment is difficult.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
On reviewing a sample of complaints, we found where appropriate the complainant had received a written apology. Staff had received further training in managing patients' expectations and complaints had been discussed at the relevant team meetings.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Leaders were qualified in their area of work; were visible and approachable. They understood the challenges and developed action plans to address the challenges. They worked closely with staff and others to make sure they prioritised inclusive leadership. The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice, this included merging with another local practice to improve service provision to the local population

Vision and strategy

Practice Vision and values
The practice had a clear vision and strategy which reflected compassion, dignity, respect and equality. Staff we spoke with understood the practice vision and strategy; we saw that this translated into the actions of the practice.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The practice was unable to demonstrate effective oversight of staff training and we identified gaps in training updates relevant to staff roles. The practice used outcomes following significant events and complaints as an opportunity to identify and respond to improvements within the practice.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff we spoke with told us they were able to raise concerns. Working relationships between staff and teams was generally positive, however we did note that there were some tensions between the administration team and the management team.
Training records	The practice promoted and trained staff in equality and diversity, however we did find gaps in the training records of some staff with updates not being completed.
Policies	Practice policies were in place which supported leaders to act on behaviour and performance inconsistent with the vision and values of the practice. Some staff were unaware if a whistleblowing policy was in place. The inspection team did review the policies available to staff and found a whistleblowing policy which was accessible to all staff.
Policies & staff interviews	The practice had a range of policies available and staff we spoke with were aware of where these were held, however there was some confusion of exactly what policies were available. The practice had processes which enabled leaders to take action to promote equality and diversity. For example, flexible working options were available.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had policies to support governance arrangements and staff we spoke with knew how to access them when required, but some staff were unsure what policies were available.
Other examples	

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Environmental	Due to the size of the original premises, the management team organised a move to new premises with the support of the PPG. The new premises were originally offices and had been renovated to accommodate the needs of the practice. Staff we spoke with during this inspection, explained that there had been discussions with the patients as well as staff regarding the move.
Environmental risks assessment fire drills were carried out.	The practice had a health and safety risk assessment in place. We saw that Control of Substances Hazardous to Health was managed effectively, however the practice were unable to demonstrate that a legionella risk assessment had been completed. Risk assessments such as building security and fire safety were carried out by an external contractor, the practice had a nominated fire marshal and regular fire drills were carried out.

Any additional evidence

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence
The practice monitored the QOF performance and regular clinical meetings were held to ensure patients were being monitored effectively. The practice regularly reviewed their clinical correspondence processes and held regular audits to ensure the workflow system they had in place was being used appropriately and coding of conditions and reviews were being done.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The PPG were active within the practice and held regular meetings with the management team. We were told that the PPG had supported the practice in the move to larger premises and had assisted the practice in the decoration of the premises with reviewing art prints for display. A regular newsletter was printed by the PPG to keep patients up to date with the latest information and was available in the waiting room.

Any additional evidence
The practice monitored feedback from the Friends and Family Test. Feedback from the test were displayed within the practice for patients to review.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Novel anticoagulants	The practice undertook a two cycle audit in 2018 with the support of the CCG prescribing advisers. The purpose of the audit was to review patients on these specific medicines to ensure they were on the correct dose, and to check they had received the appropriate monitoring of renal function and anaemia. The first audit in May 2018 showed 73 patients were currently being prescribed these medicines and 57 were on the correct dosage, 53 had received the appropriate renal monitoring and 39 patients had the appropriate blood test results recorded in the previous 12 months. As a result of the audit, patients were recalled and their prescriptions and clinical reviews were completed where appropriate. The second audit completed in September 2018 showed an improvement in the number of patients having received the appropriate monitoring.

Workflow Audit	The practice had introduced the Workflow programme in 2017 This scheme ensures that clinical information is summarised and appropriate actions are taken whenever letters are received in the practice. After two of the staff had received the formal training, the clinical team audited all their summarising initially and weekly feedback meetings were held. Following this induction phase, the audits are completed every 6 months. The practice found this had streamlined the process for reviewing clinical correspondence, giving the clinicians more time to deal with patients' enquiries.

Any additional evidence

The practice had an ongoing clinical audit schedule in place to continue to review and monitor their systems and processes.

Notes: CQC Ght

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	Z ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥3
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see https://qof.digital.nhs.uk/).
- **RCP**: Royal College of Physicians.
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.(See NHS Choices for more details).